

2616
PATENT
450100-02888

41

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Satoshi Tsujii et al.

Serial No. : 09/726,955

Filed : November 30, 2000

For : PICTURE RECORDING APPARATUS AND METHOD THEREOF

Examiner : Robert Chevalier

Art Unit : 2616

RECEIVED

NOV 22 2004

Technology Center 2600

745 Fifth Avenue
New York, New York 10151
Tel. (212) 588-0800

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: **Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450**, on November 11, 2004.

Bruno Polito, Reg. No. 38,580

Name of Applicant, Assignee or Registered Representative



Signature

November 11, 2004

Date of Signature

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

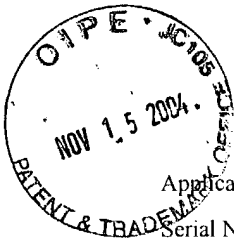
Sir:

In response to the Office Action mailed August 11, 2004, please amend the
above-identified application as follows.

11/17/2004 BABRAHA1 00000027 09726955

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745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.
☒ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	16	Minus	** = 20	* 0 x	\$18 (9)	= \$00.00
Independent claims	4	Minus	*** = 3	* 1 x	\$88 (44)	= \$88.00
Total additional fee for this amendment						\$88.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

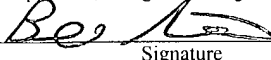
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$300(150) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☒ A check in the amount of \$88.00 is attached, which covers the cost of ☒ additional claims ☐ petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: **Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450**, on November 11, 2004.

Bruno Polito, Reg. No. 38,580

Name of Applicant, Assignee or Registered Representative


Signature

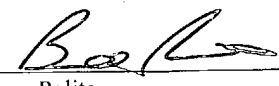
November 11, 2004

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:


Bruno Polito
Reg. No. 38,580
Tel: 212-588-0800